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CONFIRMATION NO. 2158

<b>SERIAL NUMBER</b> 10/826,527	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 381	<b>GROUP ART UNIT</b> 2615	<b>ATTORNEY DOCKET NO.</b> IPVBP002
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/462,570 04/15/2003 and claims benefit of 60/469,221 05/12/2003  
 and claims benefit of 60/493,441 08/08/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\***  
 \*\* 06/25/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CHINA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**

34071

**TITLE**

Directional hearing enhancement systems

<b>FILING FEE RECEIVED</b> 448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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